

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/030294** FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.
1	1						
2	1						
3	1						
4	1						
5	2						
6	2						
7	2						
8	2						
9	1						
10	6						
11	0						
12							
13							
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48							
49							
50							
TOTAL IND.	2						
TOTAL DEP.	13	←	↓	←	↓	←	↓
TOTAL CLAIMS	15	██████████	██████████	██████████	██████████	██████████	██████████

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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